

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
OFFICE OF DEVELOPMENT
100 GOLD STREET, ROOM 5G, NEW YORK, NEW YORK 10038
Inclusionary@hpd.nyc.gov

**AFFORDABLE HOUSING PLAN APPLICATION PURSUANT TO
THE VOLUNTARY INCLUSIONARY HOUSING PROGRAM**

Please indicate "Not Applicable" or "NA" where appropriate. Do not leave any lines blank.

1.Applicant: _____

Address: _____

Fax: _____

Email: _____

Primary Contact (Name, Phone, Email):

2.Owner (if different): _____

Address: _____

Fax: _____

Email: _____

Primary Contact (Name, Phone, Email):

3.Administering Agent: _____

Address: _____

Fax: _____

Email: _____

Primary Contact (Name, Phone, Email):

4.General Contractor: _____

Address: _____

Fax: _____

Email: _____

Primary Contact (Name, Phone, Email):

5.Architect: _____

Address: _____

Fax: _____

Email: _____

Primary Contact (Name, Phone, Email):

6. Attorney and Firm: _____

Address: _____

Fax: _____

Email: _____

Primary Contact (Name, Phone, Email):

7. Location of Affordable Housing Units

Street Address: _____

Borough: _____

Block(s)/Lot(s): _____

Community Board: _____

8. Inclusionary Housing District of Affordable Housing Units

R-10 Inclusionary:

Is project privately financed? (Yes/No) _____

IH Designated Area (Insert ZR section reference, e.g., §23-154, §23-952, §98-23, §62-352, etc.): _____

Special District: _____

Other (please explain): _____

9. Unit Count

Total units in project: _____ Total IH units in project: _____ Super's units: _____

For projects with more than one building:

1. Address for first building: _____

Total units in first building: _____ Total IH units in first building: _____ Super's units: _____

2. Address for second building: _____

Total units in second building: _____ Total IH units in second building: _____ Super's units: _____

For additional buildings, please add additional pages as needed.

Income Distribution of Affordable Housing Units:

Number of low-income units (equal to or less than 80% AMI): _____

Number of moderate-income units (equal to or less than 125% AMI): _____

Number of middle-income units (equal to or less than 175% AMI): _____

10. If publicly financed, list all sources of governmental assistance, including tax credits, bond financing, and land disposition programs:

Tax Exemption to be requested: _____

11.Type of Project (check all that apply)

Construction type:

- New Construction
- Preservation
- Substantial Rehabilitation

Location of Floor Area Compensation:

- On-site
- Off-site
- On-site and Off-site

Inclusionary Units:

- Rental
- Homeownership

Non-Inclusionary Units:

- Rental
- Homeownership
- Not Applicable

12.Tenant-Paid Utilities:

Check all tenant-paid utilities that will apply, or check N/A if owner-paid

Apartment Electricity

- Electricity
- N/A: Apartment electric is paid by owner

Cooking

- Gas Stove
- Electric Stove
- N/A: Cooking is paid by owner

Heating

- Gas Heating
- Electric Heat: Cold Climate Air Source Heat Pump (ccASHP)*
- Electric Heat: other (e.g. Electric Resistance Heating, Electric PTACs, Electric Furnace)
- N/A: Heating is paid by owner

*Product must be listed on the NEEP Cold Climate Air Source Heat Pump (ccASHP) Product List:

<https://ashp.neep.org/#/>

Hot Water

- Gas Hot Water Heater
- Electric Hot Water Heating: Heat Pump Water Heaters (HPWHs)
- Electric Hot Water Heating: Other (e.g. resistance-type Hot Water Heater)
- N/A: Hot water heating is paid by owner

13. If the project will contain a condominium or cooperative structure, please describe the structure and the use of each unit. If not, please indicate N/A:

Authorized Signature of Applicant: _____

Print name: _____

Date: _____



Department of
Housing Preservation
& Development

LOUISE CARROLL
Commissioner
ELIZABETH OAKLEY
Deputy Commissioner
PATRICIA ZAFIRIADIS
Associate Commissioner

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AFFORDABLE HOUSING PLAN CHECKLIST PURSUANT TO THE VOLUNTARY INCLUSIONARY HOUSING PROGRAM

PROJECT NAME:		AS OF:		TARGETED CLOSING DATE:	
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<input checked="" type="checkbox"/> Requirement		Responsible Party	Notes
A. Application			
Inclusionary Housing Application (Original required)	LINK	Development Team	
Project description/narrative		Development Team	
IH Application Submission Fee (\$100) <i>Made payable to NYC Dept. of Finance</i>		Development Team	
HPD Construction Sign Fee (\$100) <i>Made payable to NYC HPD</i>		Development Team	
B. BLDS Processing and Review			
BLDS eSubmit invitation initiated		IH Project Manager	
Drawings & documents submitted to BLDS eSubmit	LINK	Project Architect	
BLDS final acceptance received		HPD BLDS	
C. Architectural Submissions			
Architect Affidavit (Original required)		Project Architect	
Stacking charts (Excel format)	LINK	Development Team	
Utility verification letter (Original required)	LINK	Engineer of Record	
D. Campaign Finance Forms			
Doing Business Data form	LINK	Development Team	
E. Community Board Notification			
Notification delivered <i>(at least 45 days prior to closing)</i>	LINK	Development Team	
F. Integrity Review			
Disclosure forms for Entity and Individuals	LINK	Administering Agent	
Integrity Review final report issued		HPD Integrity Review	
Pre-Transaction Affidavit <i>(at least two weeks prior to closing)</i>			
G. Tax Memo			
Property list submitted (Excel format)			
Applicant		Development Team	
General contractor			
Administering agent			
Arrears and Violations report run		IH Project Manager	
Report responses submitted (if applicable)		Development Team	
H. Supporting Organizational Documents			
Organizational charts <i>Applicant, Administering Agent and General Contractor required</i>		Development Team	
Employer Identification Numbers (EINs) <i>Applicant, Owner (if applicable), Administering Agent, General Contractor, Architect, Developer, and Attorney</i>		Development Team	
I. Financing			
Underwriting (Excel format)		Development Team	
Fully executed term sheet		Development Team	
Fully executed commitment letter		Development Team	
J. Legal			
Draft Regulatory Agreement and SNDA circulated		HPD Legal	
Draft Regulatory Agreement exhibits circulated		IH Project Manager	
Regulatory Agreement opinion letter (Original required)		Applicant's Counsel	
Tax exemption opinion letter (Original required)		Applicant's Counsel	
K. Closing			
Permit notice request letter		Development Team	
Closing date assigned		HPD Team	
IH Application Fee (\$1,100 per IH unit) <i>Made payable to NYC Dept. of Finance</i>		Development Team	



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AFFORDABLE HOUSING PLAN PROVISIONS PURSUANT TO THE VOLUNTARY INCLUSIONARY HOUSING PROGRAM

A. Application

Information on the Inclusionary Housing Program can be found here: [nyc.gov/hpd - Inclusionary Housing Program](https://nyc.gov/hpd-inclusionary-housing-program)

Fees

All fees must be paid in the form of a certified check, bank check, or money order as follows:

- **\$100 Inclusionary Housing Application Submission Fee:** due at application submission, made payable to the NYC Department of Finance (DOF).
- **\$100 Construction Sign Fee:** due at application submission, made payable to the NYC Department of Housing Preservation and Development (HPD).
- **Inclusionary Housing Application Fee:** \$1,100 per IH unit; due at closing, made payable to DOF
- **Inclusionary Housing Reserves Fee:** \$2.25 per square foot of Affordable Housing Floor Area; and, for 100% Inclusionary Projects, 6 months' M&O + debt service; due prior to HPD's issuance of a Completion Notice, payable to the NYC Housing Development Corporation (HDC).

B. BLDS Processing and Review

Once a complete Application package is submitted to the Inclusionary Housing Program, your Project Manager will initiate the intake of the project through the BLDS eSubmit system. A notification will be sent to the development team which will permit the architect to upload the Drawings and Documents.

Submit DOB submission-quality drawings that substantiate or verify the Architect's Affidavit for new construction, substantial rehabilitation, and preservations projects as follows:

Each design submission must comprise two multi-page PDFs, one of which must contain all design drawings ("Drawings"), and the other of which must contain all supporting documents ("Documents"). All files must be submitted through the BLDS eSubmit process, and each file must be less than 50 MB in size.

New Construction Drawings

Note: New construction building plans filed with DOB must be reviewed by a DOB plan examiner. Responses to DOB objections must not be self-certified.

BLDS Design Review Submission Checklist and Guidelines:

- [New Construction Design Review Submission Checklist](#)
- [Supportive Housing Guidelines](#)

Preservation and Substantial Rehabilitation Plans

Submit existing DOB-approved building plans, including

- (1) the site plan of the building to contain Affordable Housing,
- (2) zoning sheets that reflect the total size of the building,
- (3) the size and configuration of the dwelling units to be contained in the building.

If no existing building plans are on record, please submit newly drawn building plans.

- Indicate landmark status of proposed conversion building.
- Provide an Integrated Physical Needs Assessment (IPNA) and scope of work indicating the extent of preservation or rehabilitation work proposed: [Preservation Design Specifications](#)

C. Architectural Submissions

Architect Affidavit

Submit certification from an architect that states:

- (1) the amount of affordable floor area in the project,
- (2) that the affordable housing units comply with §23-154 of the New York City Zoning Resolution ("Zoning Resolution") and §41-15 of the Inclusionary Housing Program Guidelines ("Guidelines"), and
- (3) that the project complies with §504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and implementing regulations at 24 part CFR 8.

Access the applicable Architect Affidavit and Exhibit A Stacking Charts here:

- [R-10 and IH Designated Areas](#)
- [Greenpoint-Williamsburg](#)
- [West Chelsea and Hudson Yards](#)
- [Exhibit A of the Architect Affidavit](#)
 - *Height Distribution (Chart A)*
 - *Horizontal Unit Distribution (Chart B)*
 - *Bedroom Mix (Chart C)*
 - *Floor Area/Unit Size Compliance Worksheet (Chart D)*



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Utility Verification Letter

Engineer of record must submit a [letter](#) to Inclusionary Housing Project Manager stating the proposed heating, hot water, and cooking systems for the project.

Utility Allowance Chart: [2021 LIHTC Rent & Income Limits for NYC](#)

D. Campaign Finance Forms

Entities participating in affordable housing transactions with the City must complete and submit Campaign Finance forms with the Application. Please submit a hard copy original and PDF electronic version at start of application and again at Closing.

E. Community Board Notification

The [required notification documents](#) must be emailed to the Community Board at least 45 days prior to the execution of a regulatory agreement. Submit an email as proof that the proposed Application was submitted to and received by the Community Board in which the project is located (cc: inclusionary@hpd.nyc.gov).

F. Integrity Review

Submit disclosure forms for Administering Agent. Provide a [hard copy original](#) and an [electronic copy \(PDF\)](#) for the entities and their principals. Entities or individuals may submit only electronic copies after submitting an [Application for Electronic Integrity Review Submission](#) and receiving a personal identification number ("PIN").

Pre-Transaction Affidavits

Submit affidavits two to four weeks before signing a regulatory agreement for Administering Agent.

G. Tax Memo

Submit a list of all NYC properties currently owned, managed, or controlled by Applicant, Administering Agent, and General Contractor and all respective principals. Provide proof of payment for DOF and DEP arrears and Dismissal Requests or Certificate of Corrections for outstanding C-violations, as applicable, for the properties listed.

H. Supporting Organizational Documents

Submit organizational charts for Applicant, Administering Agent, and General Contractor.

Submit Employer Identification Numbers (EINs) for Applicant, Owner (if different than Applicant), Administering Agent, General Contractor, Architect, Developer, and Attorney.

I. Financing

Underwriting

Submit the following in Microsoft Excel format with all cells fully linked. Calculations must be shown.

1. **Development budget** - HPD IH reserves and fees must be capitalized in the development budget.
2. **Sources and uses of financing**
3. **Number and bedroom size of units**
4. **Rents and income level of tenants:** Indicate year and AMI level of affordable rents and whether tenants are responsible for gas and/or electric payments.
5. **Maintenance and Operations:** At a minimum, the following should be included as separate line items:
 - o Administrative: legal, accounting, management fee, fire & liability insurance
 - o Utilities: heating, electricity, water & sewer
 - o Maintenance: supplies, cleaning, exterminating, repairs/replacement, super & maintenance salaries, elevator maintenance/repairs, building reserve.
6. **30 year cash flow analysis:** Provide a Cash Flow Analysis sheet.
7. **Rent Roll:** for preservation and substantial rehabilitation projects only.
8. **Sales Prices:** for homeownership projects only.

J. Legal

HPD Legal will assign an attorney to review closing documents and draft the Voluntary Inclusionary Housing Regulatory Agreement and Subordination and Non-Disturbance Agreement(s).

K. Closing

Permit Notice Request Letter

If applicant will require a Permit Notice upon entering into a regulatory agreement with HPD, applicant must make this request from HPD in writing prior to closing. The Permit Notice will notify DOB that building permits may be issued to one or more compensated developments to utilize floor area compensation from all or a portion of the affordable floor area on a generating site. Permit Notice Request letters must include the following items:

1. Address, borough, block and lot of the Generating Site;
2. Address, borough, block and lot of the Compensated Development;
3. The zoning district in which the Compensated Development is located and a representation that the Compensated Development is eligible to receive the bonus;
4. Confirmation that the Compensated Development is located within the same Community Board as the Generating Site or an adjacent Community Board and within ½ mile of the generating site;
5. The amount of affordable floor area to be transferred from the Generating Site to the Compensated Development;
6. Representation that the individual who is making the request is authorized to make the request;
7. The letter must be notarized if it is not from an attorney licensed to practice law in New York State.